



Working with Transgender Students: An Introduction for Medical and Mental Health Providers at Job Corps

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Job Corps
September 27, 2017

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Disclosures:





No conflicts of interest.
The use of cross sex hormones and pubertal blockers for the
treatment of gender dysphoria is not FDA approved.



The Gender Wellness Center at Susquehanna Family Practice




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Transgender Health Services

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Transgender Health Services

The Gender Wellness Center at Susquehanna Family Practice offers services tailored to meet the needs of our gender nonconforming patients. Our caring and professional staff has advanced training in providing health and psychological services to the transgender community. Our providers follow the [Standards of Care](#) from the [World Professional Association for Transgender Health](#).

Clinical services include:

- Primary care services for gender nonconforming youth and adults, including gynecologic care
- Cross-sex hormone therapy
- Evaluation of gender nonconforming youth and treatment with pubertal blockers and cross-sex hormones when indicated
- On-site mental health services, including gender assessments and psychotherapy
- Collaborative care with off-site mental health providers
- Referrals for gender confirmation surgeries locally, nationally and internationally
- Referrals to voice therapists and support groups
- Preoperative and postoperative care for gender confirming surgeries
- Training and mentoring for health care providers with an interest in transgender health

Our Services Include:

- Primary Care for Transgender Patients.
- Referrals and Coordination of Care with On-site and Off-site Mental Health Providers.
- Treatment of Adults with Cross Sex Hormone Therapy.
- Referrals for Gender Confirming Surgeries.
- Evaluation and Treatment of Gender Nonconforming Youth.
 - Pubertal Blocking Medications.
 - Cross Sex Hormone Therapy.
- Training for Providers.

**How might transgender students
present to your health center?**

A 23-year-old woman named Kiara presents to the Job Corps PA complaining of cough

She has been coughing for two weeks. No fever. She has a history of asthma and says she has been wheezing a lot. She has chest pain, “from coughing all the time.” She denies fevers, chills, nausea or vomiting.

On exam she is a tall, pleasant African American individual who appears visibly transgender. She looks exhausted and can’t stop coughing. She has wheezes throughout her lung fields. She is afebrile and O₂ Sat is 98%.

A 19-year-old man named James shows up for an acute visit

He tells you he is a transgender man, on testosterone for over a year. He recently had a one night stand with another man. During intercourse, the condom broke and the man ejaculated into James' vagina. James is now worried that he is pregnant.

A 19-year-old male presents to a mental health provider with complaint of depression

He gives a long history of depression, worse since he came to Job Corps. He admits to overuse of alcohol and intermittent suicidal ideation, but no plan. He contracts with you for safety and agrees that medication for depression might be helpful.

On exam, he is a muscular Hispanic man with a superman tattoo and long, lanky hair. He has fresh scars from cutting on his left arm. He looks frightened, and tells you he feels like a girl inside and doesn't know what to do.

A 17-year-old girl sees the FNP for a routine physical

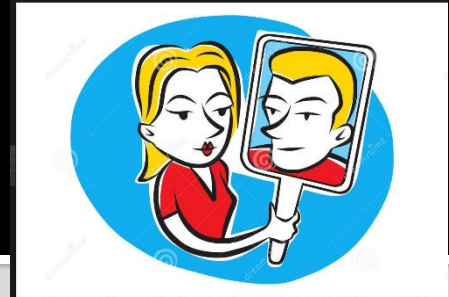
She is feminine appearing and tells you that she started pubertal blockers at age 12 and feminizing hormones starting age 15. She still has a Histrelin implant in her left arm. Her medications are Estradiol 4 mg/day. She says she got busy before leaving for Job Corps, and hasn't seen her hormone doctor in almost a year. That doctor lives in another state. She is unhappy with breast growth, and thinks her dose of estradiol should be increased.

She asks,
"Can you take over my care?"

Objectives:

- Participants will receive resources, strategies, and concrete tools to help them create a welcoming and inclusive health care center for transgender students.
- Participants will have increased understanding of transgender experiences, including basic language, concepts and terminology relevant to transgender lives.
- Participants will have developed increased skill and resources for clinical assessment and primary care for students who are gender non-conforming or transgender.
- Participants will be able to identify and demonstrate strategies for providing competent, compassionate, and inclusive services to transgender students.

What are we treating?



- Gender affirming hormones, counseling, surgery and social transitions are all steps in the treatment of *Gender Dysphoria*
- *Gender Dysphoria* is the new, preferred term in the DSM-V. Previously this was called Gender Identity Disorder, implying that person was somehow “disordered.”
- “***Gender dysphoria*** refers to discomfort or distress that is caused by a discrepancy between a person’s **gender identity** and that **person’s sex assigned at birth.**” (WPATH, SOC, 7th version)
- WPATH: “Being Transsexual, Transgender, or Gender Non Conforming is a matter of Diversity, not Pathology.”
- This is not a *disease* or *disorder*.
- But *gender dysphoria* can cause extreme discomfort and, like other medical conditions, there are ways to address this.

What happens if gender dysphoria isn't identified and treated?

- Although coping mechanisms may work for a long while, living life in the “wrong” gender can be life-threatening.
- People may do and try anything to relieve such the extreme psychological stress of Gender Dysphoria.
- Much information is available over the Internet but a great deal is unreliable/incorrect.
- Without access to TG affirming clinicians, people may seek alternatives that are risky, even dangerous.
- Inappropriate treatment can also be life threatening.

Dyphoria? Disorder? Gender?



What is she talking about?!

Understanding Gender and the Trans Umbrella



Re-teaching Gender



What is Gender?

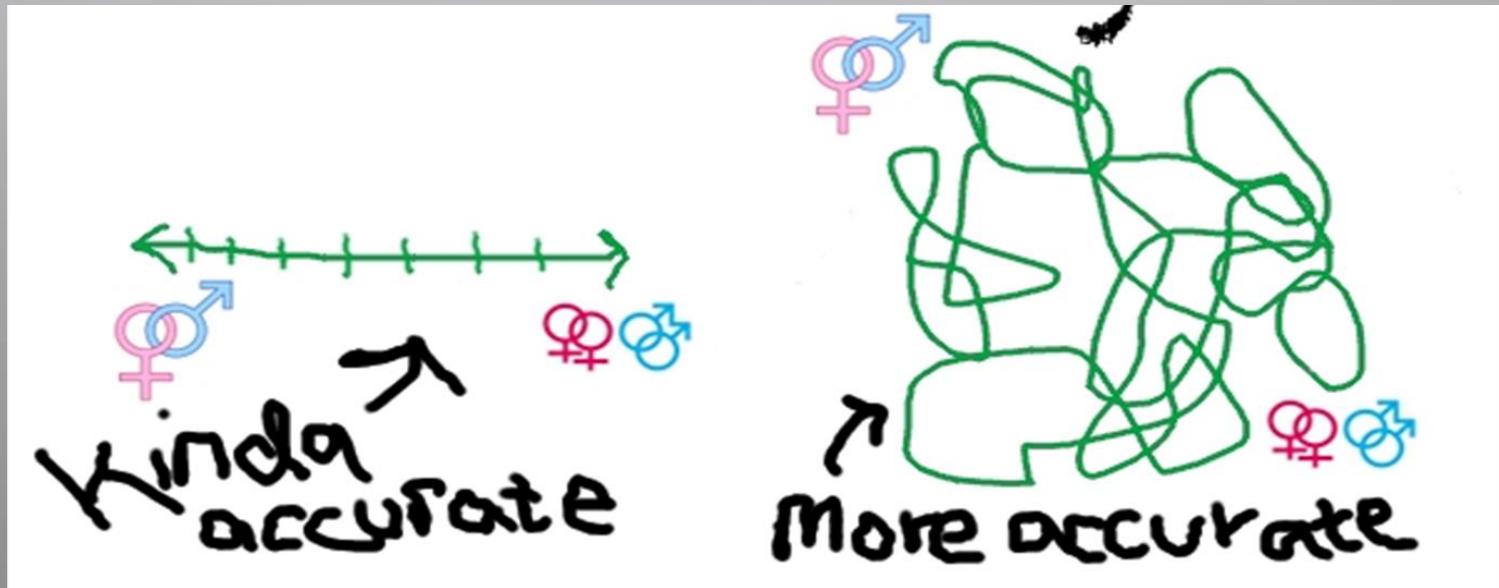
What makes a
person a man?



What makes a
person a
woman?

What is Gender?

- Multiple components:
 - Assigned Sex
 - Gender Identity
 - Gender Expression
 - Sexual orientation



Assigned Sex

- Biological sex is the physiological makeup of a human being – it's the result of the complex relationship of genetic, hormonal, morphological, biochemical and anatomical determinates that impact the physiology of the body and the sexual differentiation of the brain.



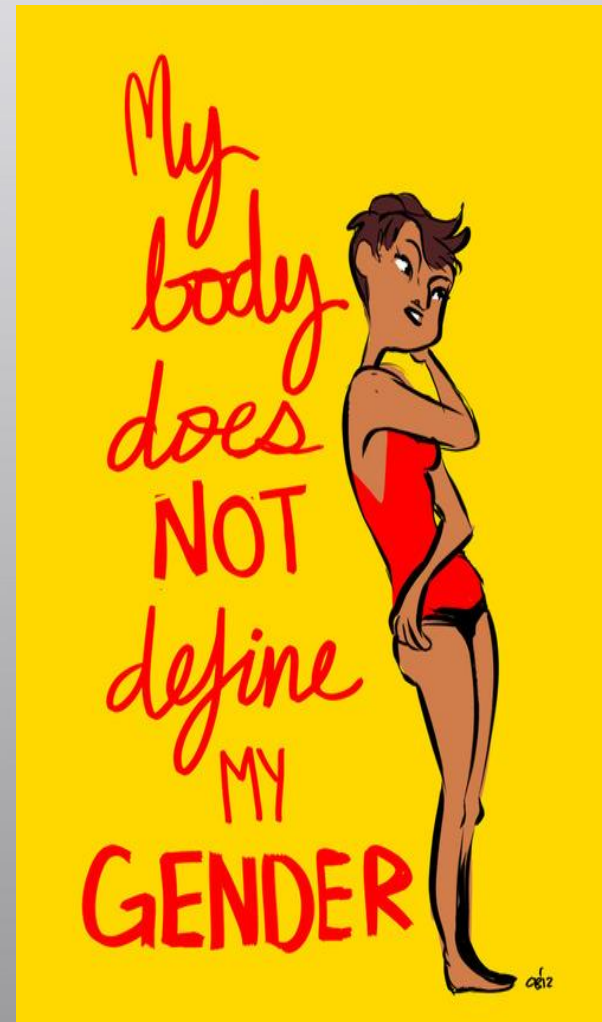
How many sexes are there?

- Approximately 1 in 4,500 infants are born with ambiguous genitalia or an intersex condition.
- In the past, most were surgically operated on to an “assigned sex” (usually female).
- All “sexes” are assigned.



Gender Identity

- The internal perception of an individual's gender, and how they label themselves.
- Refers to the maleness and femaleness a person feels on the inside.
- Most people's gender identity is congruent with their assigned sex but a person's self concept of their gender can be discordant with their natal sex.



Gender Expression

- Gender roles describe how gender is enacted or "performed" (consciously or unconsciously) and may or may not be related to gender identity or natal sex.
- You are all wearing your gender. You put in on this morning, you shopped for it at the mall. Your haircut, your eyeglasses, your shoes, even your underwear "mark" you as a gendered being.



Photos by [DorionBullOrIronBorian](#) Nov 19 2014

Sexual Orientation

- Sexual orientation is the self-perception of the direction of sexual desire. It describes sexual preference and emotional attraction.



What's the difference between sexual orientation and gender identity?

- Sexual Orientation is who you go to bed with.
- Gender Identity is who you go to bed AS.

-Diane Ehrensaft, PhD

Erotic Identities

- None of this information tells us what someone actually does in bed and with whom.



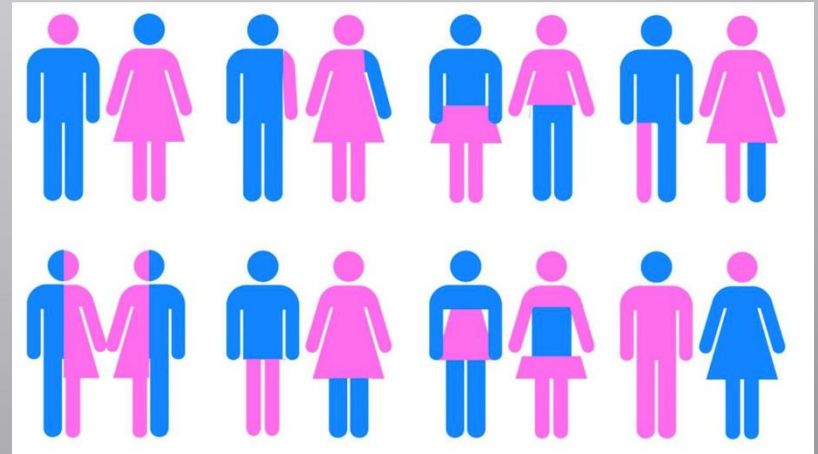
Transgender



- Umbrella term including many categories of people who are gender variant. Trans means “to cross”.
- A term for individuals whose gender identity, gender expression, or behavior is different from that typically associated with an individual’s assigned sex at birth.
- Cisgender describes someone whose gender identity is the same as their sex assigned at birth.

The Transgender Umbrella

- Gender-variant
- Gender-expansive
- Gender non-conforming
- Transgender
- Transsexuals
- Crossdressers
- Intersex
- Two-Spirit
- Transgender men (FTM) and Transgender Women (MTF)
- Gender-Benders and Gender-Blenders
- Bi-Gendered
- Gender-Queer
- Third Sex
- And more!



Transgender

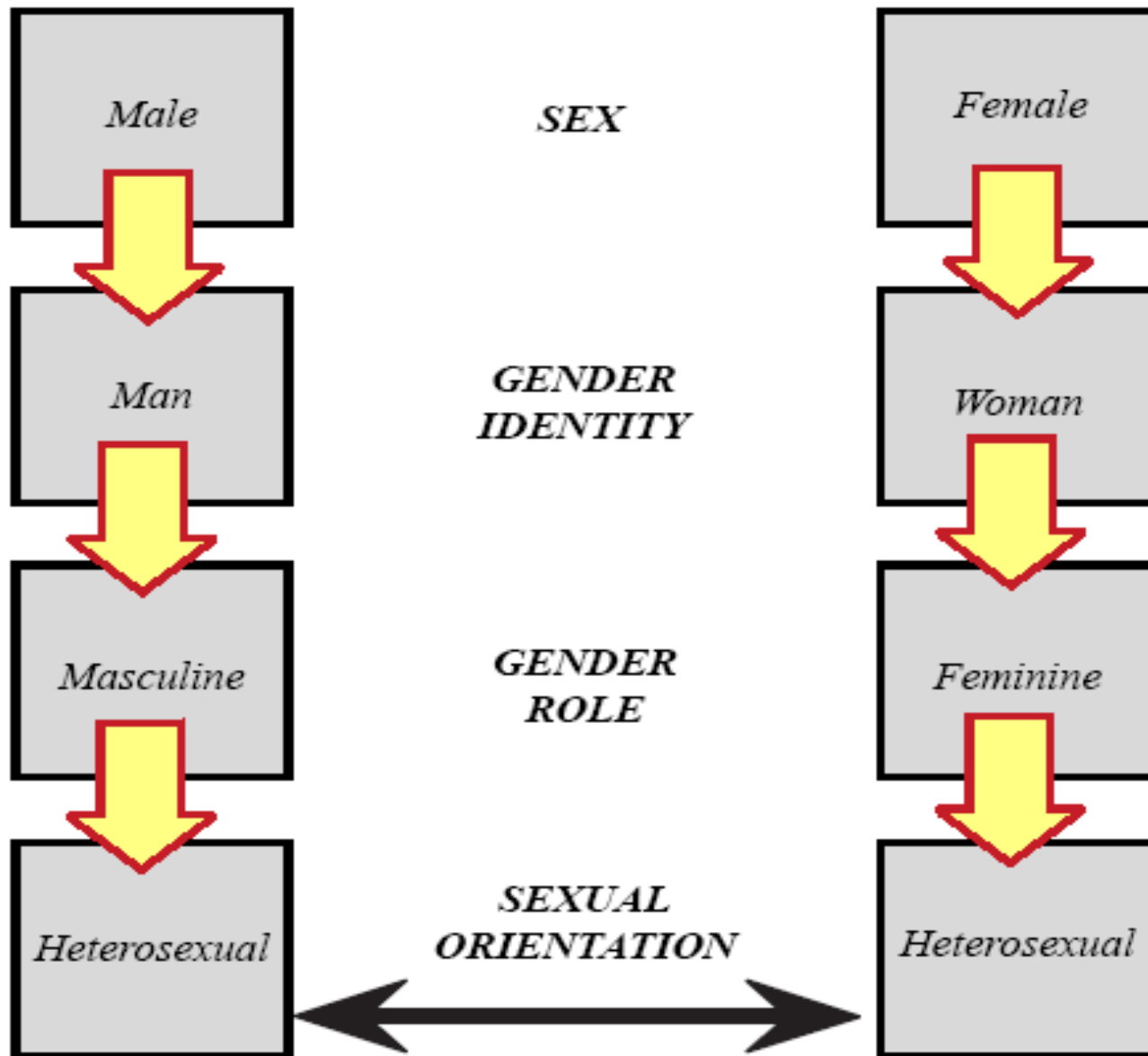
- While this can include medical or social transition, it may not.
- Transgender people can be straight, gay, lesbian, bisexual, queer, pansexual or non-sexual/asexual.

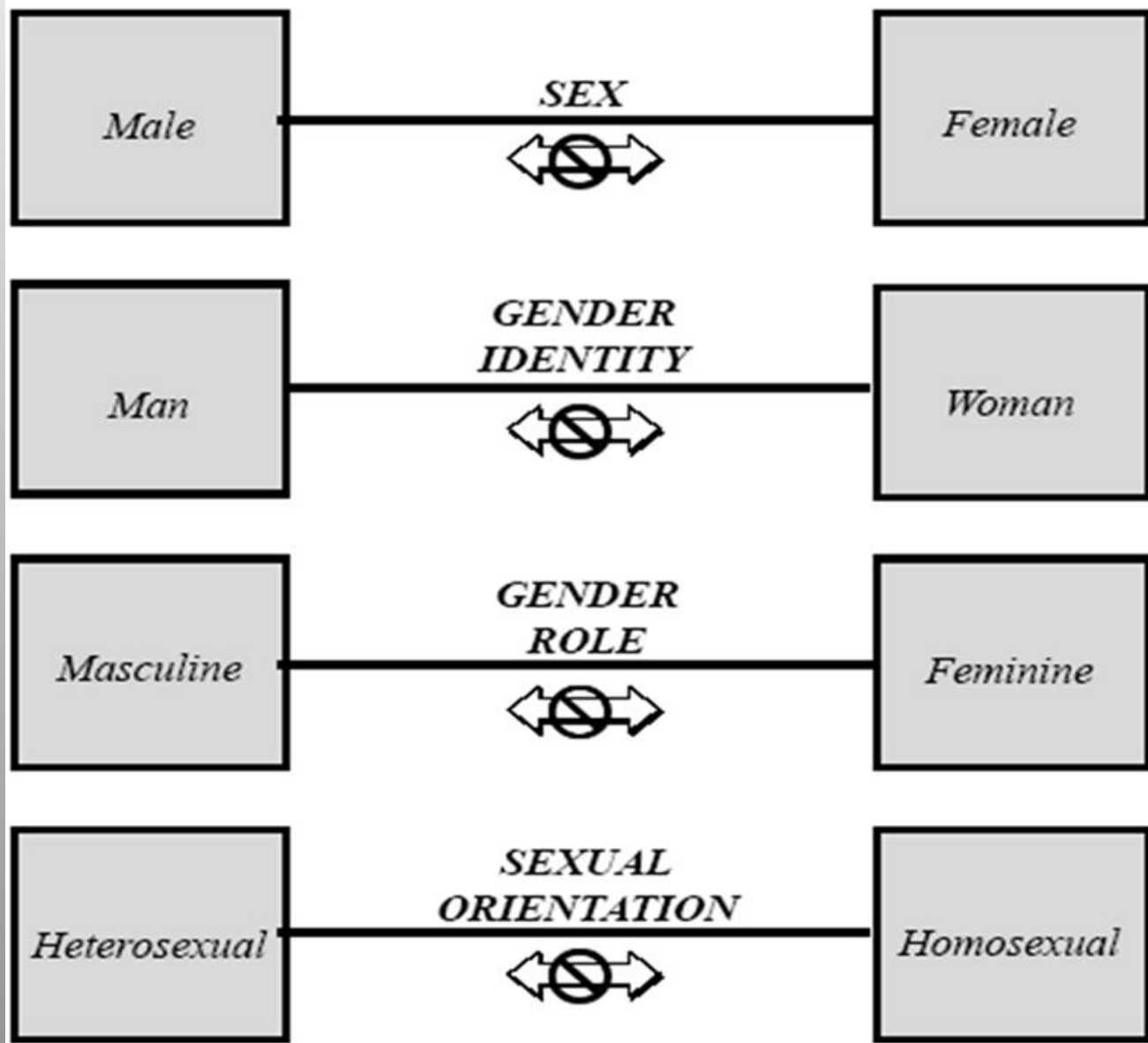


Transsexuals

- A term referring to people who believe that their physiological body does not represent their true sex.
- Some transsexual individuals may alter or desire to alter their bodies through hormones or surgery in order to make their body match their gender identity.
- The word transsexual is not used much anymore.









Mom?
What is...Normal?

It's just a setting
on the dryer, honey.

Peace • Blessings

Barriers To Coming Out

- Confusion about identity
- Lacking language
- Cognitive limitations
- Cultural and/or religious influences
- Socio-economic status (SES)
- Age
- Environment
- Lack of support (perceived or real)



WHAT IS A PERSON “COMING OUT” OF?

Associated Emotional and Psychological Challenges



- Fear of the unknown:
 - What to do about it?
 - How to come out? What to say? When to do it?
 - Unpredictable reactions/Negative responses from others
 - What does transition mean?
 - Will I be able to pursue social and/or medical transition?
 - Will I pass? How “convincing” will I be?
 - Will I be able to get a job?

Associated Emotional and Psychological Challenges

- Relationships with partners, caregivers/parents, siblings, and other relatives
 - Lack of acceptance
 - Arguments
 - Potential homelessness
- Relationships at school and/or work
 - Should I come out? How do I come out?
 - Will I lose friends? Will I get fired? Will I be able to find a new job?

Associated Emotional and Psychological Challenges

- Feelings about having to experience medical interventions.
- Frustration of having to change or explain legal documents (IDs, drivers license, passport, diplomas, etc)
- Fears about finding a partner
 - Will anyone want to date me?
 - How to tell a partner?
 - Body dysphoria and affection

Associated Emotional and Psychological Challenges

- Fears about violence and prejudice when one is read as trans*
 - Verbal harassment
 - Physical harm
- Research (by Aaron T. Norton and Greg M. Herek, PhD, at University of California, Davis) found that the rejection trans*gender people encounter is significantly harsher than the negative attitudes experienced by lesbian, gay and bisexual (LGB) people (Sex Roles: A Journal of Research, 2012).

Impact of Discrimination and Bias

■ Stereotypes

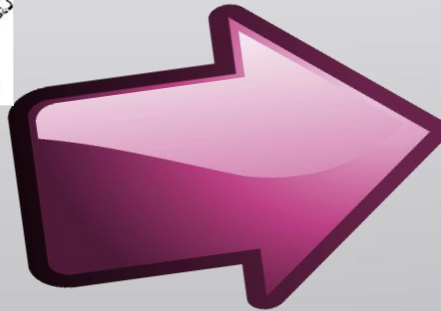
- Anatomy
- Gender expression
- Gender roles

■ Basic comforts

- Clothing/hairstyle
- Preferred name & pronouns
- Bath & locker rooms

■ Rights

- Employment
- Healthcare
- Safety



- Depression
- Anxiety
- Self-harm
- Substance abuse
- HIV/STIs
- Suicidal ideation
- Failure to get
- Medical or mental Health care



Impact of Discrimination and Bias

Snapshots of transgender life

The National Transgender Center for Equality surveyed 6,450 transgender individuals in the U.S. Full results are available at transequality.org.



Suicide Rates for Trans* Individuals

- 2011 National Transgender Discrimination Survey (NTDS) found that in the U.S., 41 percent of transgender and gender non-conforming people had attempted suicide, compared to a national average of just 4.6 percent.
- Suicide is the 2nd leading cause of death among young people ages 10 to 24.





What do transgender patients want from their providers?

It's simple . . .

They want:

- Respect, kindness and competence.
- Assistance in sorting through conflicted feelings regarding their gender.
- Affirmation of their preferred gender.
- Appropriate treatment for gender dysphoria (i.e. hormone therapy, referrals for surgery, psychotherapy).
- Knowledge about psychosocial/legal issues they may face in their lives.
- Referrals to other providers for trans care or general medical care – assistance negotiating the system.
- Help with changing documents.
- Advocacy when facing discrimination.
- Trans-affirming primary care and mental health services.
- Medical management for hormonal and surgical transition.

What do transgender patients get from their providers?









National Transgender Discrimination Survey: Study by the National Center for Transgender Equality and The National Gay and Lesbian Task Force (Oct 2010)

- 7,000 gender nonconforming people surveyed.
- 19% report being refused care because of gender status.
- 28% report harassment and violence in medical setting.
- 2% report being victims of violence in doctor's office.
- 50% report having to educate medical providers about transgender care.
- High levels of postponing care when sick/injured due to discrimination (28%) or inability to afford (48%).



All Providers for Transgender Students Must Have:

- Cultural competence
- TG specific medical competence/training or mental health competence/training
- Ability and willingness to coordinate care
 - OR
- A willingness to learn all of the above.
 - We all have to start somewhere . . .
 - Being a newbie is OK.
 - Asking for help with this is also OK.

Who can prescribe cross sex hormone therapy?

- Primary care provider
 - Internist
 - Family Practitioner
 - Nurse practitioner, Physician's assistant
 - Endocrinologist
 - Gynecologist
 - Urologist
 - Gender Confirmation Surgeon
 - Psychiatrists
-
- BUT ONLY IF ADEQUATELY TRAINED



What do I need to do to become a competent and responsible hormone provider?

- Training
- Training
- And more training!
- Go to conferences on TG health.
- Read the literature.
- Get a mentor.
- Join World Professional Association for Transgender Health. (WPATH)
- Find resources (UCSF Center of Excellence Guidelines)
- This training today is not adequate . . . Just a start.





Cultural Competence In Transgender Care

Take some time to consider what it means to be culturally competent:

- Practice cultural humility: recognize what it is you don't know, then set about to change it
- Read stories – the news is full of them
- Ask your students/patients to help you understand
- Attend LGBT events
- Cultivate friendships with gender nonconforming people
- Watch films – read novels
- Attend conferences
- Attend trainings in LGBT cultural competence
- Ask questions in safe places outside the office: "I'm a health care provider, trying to learn how to care for gender non conforming people. What do you think I should know?"

And then make your center welcoming to Transgender Students:

- Pay attention to visual cues, signs, anti-discrimination policy, literature in the waiting room
- Gender neutral bathrooms
- Train all staff in cultural competency
- Ask for preferred name and pronouns
- Update your EMR to include non-binary gender identities
- Learn about your community's social and legal advocacy resources
- Update your policy and procedures so they are trans-inclusive
- Ask for feedback



Gender Affirming Care:

- It can involve:
 - Therapy to explore personal situation and needs
 - Training to explore gender expression and role (voice and communication therapy)
 - Cross sex hormones for masculinization/feminization
 - Gender Confirming Surgery



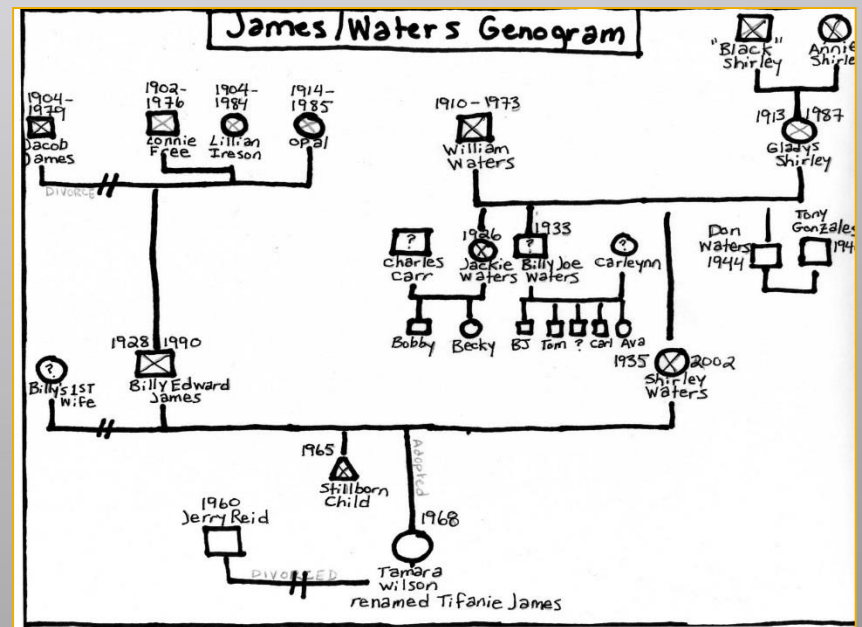
Patient History: Be sure to include:

- Social history
 - Substances (tobacco, drugs, alcohol – be thorough and specific.)
 - Education
 - Job
 - Social supports
 - ? h/o abuse (broad interpretation for abuse).
 - Housing
 - Safety
 - Sex work



Patient History: Family History

- Genogram works best for Documenting:
 - Family medical history
 - Family social history
 - Supportive vs. problem people (regarding transition)



Learn to take an accurate sexual history

- “Are you sexually active?”
- “What gender is your/are your partner(s)?”
- “Are you happy with your sex life? What’s going right or wrong?”
- “Do you have oral sex, vaginal sex, and/or anal sex? Are you top or bottom?”
- “Do you know your HIV status? When were you last tested?”
- “What do you do to prevent STIs?”
- “Have you ever had sex when you really didn’t want to?”
- “Have you experienced any sexual violence?”



Screen for STIs, when appropriate

- HIV, GG, Chlamydia, Syphilis q 3-6 months if high risk.
- Hep B and Hep C: consider screen q 6 – 12 months if high risk (sharing syringes, receptive sex without condom).
- Discuss Hep A and meningococcal vaccine
- HPV vaccine (through age 26).
- Hep B Vaccine if not already done.



Contraceptive Counseling and Fertility

- Hormones DO NOT necessarily prevent pregnancy!
- Don't make assumptions on sexual behaviors, based on gender identity, gender expression or sexual orientation.
- Ask clear questions about need for contraception.
- Let go of assumptions, remember who has what anatomy.
- Learn about options for fertility preservation in your area.

Physical Exam

- Exams may be difficult for patients with anatomical dysphoria. Be sensitive to needs and fears.
 - Assess comfort level/ask before touching.
 - Ask about preferred words for body parts (i.e. “chest” for transmen, instead of “breasts”).
- Exams are based on the body parts that are present.
- PAPs for Transmen.
- Exam of neo-vagina.
- Tucking/binding – know what it is, how to do safely.

Lab Data

- Learn the standard labs followed for patients on hormones.
 - Hormone levels
 - Blood count, Electrolytes,
 - Plus others related to chronic illness or other medical problems.
- PROTOCOLS for lab and hormone dosing are available at the web site for the UCSF Center of Excellence for Transgender Health

Health Care Screening Tests: “If they’ve got it, check it”

- Screening tests based on body parts present, not on Gender Identity or Gender Expressions.
- PAPs: anyone with a cervix, as per usual protocols
- Mammo: anyone with breasts/hormones. (?how often)
- Prostate exams: anyone of certain age with a prostate (limited utility)
- Testicular exams: anyone with testes.



Masculinizing Hormones:

- Testosterone Intramuscular Injections
- Testosterone Gel/Cream
- Testosterone Patches



Effects and expected time course of masculinizing hormones: (WPATH, SOC)

Effect	Expected Onset	Expected Maximum effect
Acne/skin oiliness	1-6 months	1-2 years
Facial/body hair growth	3-6 months	3-5 years
Scalp hair loss	> 12 months	Variable (inherited)
Increased muscle mass/strength	6-12 months	2-5 years (depends on exercise)
Body fat redistribution	3-6 months	2-5 years
Cessation of menses	2-6 months	n/a
Clitoral enlargement	3-6 months	1-2 years
Vaginal atrophy	3-6 months	1-2 years
Deepened voice	3-6 months	1-2 years

Feminizing Hormones:

- Estrogen (oral, topical, parenteral)
- Anti Androgens
 - Spironolactone
 - GnRH agonists (Leuprolide, Histrelin)
 - 5-alpha reductase inhibitors (finasteride and dutasteride)
 - Progestins



Effects and Expected Time Course of Feminizing Hormones: (WPATH, SOC)

Effect	Expected Onset	Expected Maximum Effect
Body fat redistribution	3-6 months	2-5 years
Decreased muscle mass	3-6 months	1-2 years (exercise dependent)
Softening of skin/decreased oiliness	3-6 months	Unknown
Decreased libido	1-3 months	1-2 years
Decreased spontaneous erections	1-3 months	3-6 months
Male sexual dysfunction	Variable	Variable
Breast growth	3-6 months	2-3 years
Decreased testicular volume	3-6 months	2-3 years
Decreased sperm production	Variable	Variable
Thinning and slowed hair growth	6-12 months	> 3 years (can supplement with hair removal)
Male pattern baldness	No regrowth, loss stops 1-3 months	1-2 years

Documents

- General documents letter:
 - can be used to change most documents, Drivers License, Social Security, Etc.
 - can be used if stopped by police and presentation doesn't match ID
 - Can be used at Airport Security
- Passport letter as needed.
- Birth Certificate letter as needed.



Payment/Insurance

- Insurance for transition related care varies from state to state. Some states have full coverage, others have none.
- Keeping the Affordable Care Act is key to services for gender health: Article 1557
- Learn how to get pre-authorization for meds/surgeries (hideously complex – don't be afraid to ask for help.)
- Local PRIDE centers often know how to find affordable services
- Be aware that there are part of the country with NO services for gender related care
- ?Telehealth services for those unable to travel.

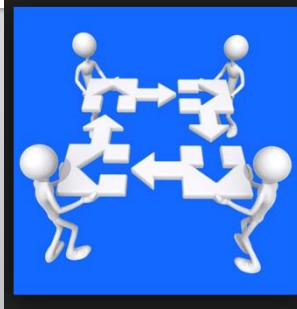


Coordination of Care is Essential.

Medical * Surgical *Mental health * Advocates *School *Community

Coordination of Care: get consents.

- Consent for coordination of care with other medical providers:
 - primary care provider.
 - specialists.
- Consent for coordination of care with mental health clinicians.
 - Develop a system and explain how this is done.
- Consent for coordination of care with gender surgeon, when indicated.
- Coordinate with social supports, legal advocates.



Advocacy:

- Letters to Employers/Schools.
- Family Meetings.
- Coordination with educators/lawyers.
- Working with dorm life advisors.
- Sports teams.
- Be aware of what is happening politically in this state/country for our TG patients.

Summary for Providers:

- Be accepting and sensitive.
- Acknowledge your own strengths and weaknesses – learn what you need to know.
- Explore your own biases/prejudice. Most of us have.
- Assess mental health carefully.
- Take a sexual history.
- Screen for and vaccinate against STIs.
- Ask about current hormone treatment.
- Provide cancer screenings and other preventative care based on patient's anatomy and hormone use.
- Assist with changes for documents.
- Refer to and pave the way for specialized care for gender related, and non gender related medical concerns. Coordinate care!
- Advocate for your patients

QUESTIONS?

